CLUSION: Secondary prophylactic treatment with tacrolimus 0.1% ointment is more effective, leads to cost savings and higher QoL in comparison to standard tacrolimus 0.1% ointment use, especially in patients with severe AD.

SKIN—Cost Studies

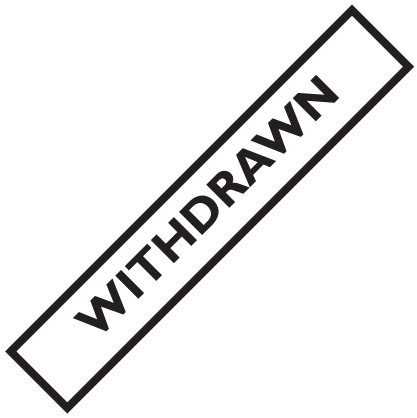
PSK2

PSOBEST. EFFECTIVENESS AND SAFETY OF LONG-TERM SYSTEMIC PSORIASIS-THERAPY: PATIENT REGISTRY OF HEALTH SERVICES IN GERMANY

Rustenbach SJ, Schäfer IA, Radke M, Augustin M
University Clinics of Hamburg, Hamburg, Germany

OBJECTIVES: Treatment of severe Psoriasis (Pso) and Psoriasis-Arthritis (PsA) is largely confined to conventional systemic-therapy in Germany, though authorisation of biologics greatly enhanced the therapy-spectrum. While short- and middle-term efficacy of systemic-therapy has been shown in many clinical studies (and is incorporated in international guidelines), knowledge about long-term outcome, optimal treatment and real world effectiveness is still missing. PsoBEST, the German registry of systemic treatments in moderate to severe Pso and PsA starts in 2007 and will document the long-term course of patients first entrained to a biologic or conventional systemic. Objectives are the observation and analysis of following outcomes of systemic antipsoriatrics authorisized: Effectiveness of real world, long-term, combined/alternating treatments and under comorbidity conditions. Patient-defined benefits, maintenance dosages, prediction of response and safety. **METHODS:** A nationwide sample of initially 250 (long-term approx. 500) dermatologic practices/hospital ambulances with expertise in systemic and biologic treatment will enrol patients consecutively. Patients will remain in the registry for 5 years, regardless of subsequential therapy. Study phase 1 will cover n = 3500 patients in 7 cohorts, for which recruitment will be continued up to n = 500. Documentation will comprise patient/treatment characteristics, clinical parameters, patient-defined benefit (PBI), quality of life and adverse events. Standardized questionnaires are provided to patients and practitioners 12 times at the dermatologic centres and 9 times postal at interim intervals (patients residence). Requirements of Volume 9a (EMEA) and of relevant international guidelines on outcomes research in observational studies are incorporated. PsoBest is aligned to planned EU-registries (GB, N, S, E and F), relevant endpoints are comparable. Scientific quality is assured by an interdisciplinary advisory board, AWMF, EMEA and BfArM involvement/consultation and certification by DIN ISO 9001:2000. Descriptive reports will be generated regularly, hypotheses will be tested e.g. by MAN(C) OVA, multiple/logistic/ survival regression and multilevel modelling. Comparisons between cohorts will be achieved by propensity score matching.

PSK3



PSK4

COST COMPARISON BETWEEN TWO ANTI-TUMOR NECROSIS FACTOR (ANTI-TNF) THERAPIES IN PATIENTS WITH PSORIASIS USING AVERAGE SALES PRICE

Tang B, Rahman MI, Thompson HC, Hilliard R, Naim A, Dabbous O
Centocor, Inc, Horsham, PA, USA

OBJECTIVES: To compare annual costs of anti-TNF therapies in patients with psoriasis (PsO). **METHODS:** A decision-model was created using TreeAge software, with clinical trial data and average sales price (ASP) +6% (2Q 2007) for drug costs. Two treatment strategies were compared: etanercept first then switching to infliximab and infliximab first then switching to etanercept. The model assumed patients who failed to achieve Psoriasis Area and Severity Index (PASI)-50 would switch to the other biologic after 24 weeks. The efficacy rates after switching were assumed to be the same as the first-line treatment. A sensitivity analysis reducing the efficacy rates after switching by 10%-30% was conducted. The cost of adverse events was not included in the model. Infusion fees ($237.92/infusion–2Q 2007) were included for infliximab. **RESULTS:** With infliximab, 90% of patients achieved PASI-50 at week-24 and continued receiving infliximab. Patients (10%) who failed to achieve PASI-50 were switched to etanercept. With etanercept, 77% of patients achieved PASI-50 at week-24 and continued etanercept treatment. Patients (23%) who failed to achieve PASI-50 were switched to infliximab. The etanercept-first strategy costs $22,113 annually and results in an overall efficacy rate of 78.5% and a cost-efficacy (CE) of $28,171. The infliximab-first strategy costs $23,544 annually and results in an 89.4% efficacy rate and a CE of $26,351. Compared with etanercept, the infliximab-first strategy costs $1820 less per PASI-50 response. The incremental CE ratio per PASI-50 was $13,190. The sensitivity analysis indicated that the results are robust and in the same direction as the original assumption. **CONCLUSION:** This decision model demonstrates that an infliximab-first strategy is more cost-effective than an etanercept-first strategy in the treatment of psoriasis.

Further studies using real-world data to explore the impact of anti-TNF therapy on patients' clinical, economic, and humanistic outcomes are recommended.

PSK5

MANAGEMENT AND COST OF GENITAL WARTS IN ITALY

Merito M[1], Largeron N[2], Trichard M[2], Cohet C[2], Boselli F[3], Mateeli A[4], Naldi L[5], Vittori G[6]

[1]Informa S.r.l, Rome, Italy, [2]sanofi pasteur MSD, Lyon, France, [3]University of Modena and Reggio Emilia, Modena, Italy, [4]University of Brescia, Brescia, Italy, [5]CentroStudi GISED, Bergamo, Italy, [6]Clinica Ginecologica, Rome, Italy

OBJECTIVES: Human Genital warts (GW) are common and increasing in sexually active people. Ninety percent of GW are due to Human Papillomavirus (HPV) types 6 and 11. Current treatments can be long, painful, sometimes fail, and relapses are frequent. The objective of this study was to assess treatment patterns and costs associated with the treatment of GW in Italy. Such estimation is important to assess the cost-effectiveness of Gardasil®, the quadrivalent HPV vaccine (types 6, 11, 16 & 18). **METHODS:** A national retrospective observational study was designed to involve 40 investigators in public gynaecological, dermatological, and sexually transmitted disease centres, enrolling 360 patients aged 14–64 years, with newly diagnosed or recurrent GW. Investigators documented medical resource utilisation and absence from work for the treatment of GW and related complications in 2005 (physician visits, diagnostic tests, medications, office-based treatments, hospitalisations, days off work). Annual direct medical costs per patient were estimated along with productivity losses from the societal perspective. **RESULTS:** A total of 28 investigators enrolled 341 patients (189 men and 152 women); 8 patients were admitted directly to day-hospital and 333 (97.7%) had at least one investigator visit (on average 3.4 visits); 267 outpatient cases (80.2%) underwent at least one office-based procedure. 124 patients (36.4%) were prescribed a self-applied therapy. 39 cases (11.4%) were admitted to day-hospital. 47 patients (13.8%) reported a medical complication related to GW treatment. Mean annual direct medical costs per patient were €242 for men and €332 for women. Mean costs per patient including productivity losses were €325 and €464 for men and women, respectively. **CONCLUSION:** This study is the first to identify therapeutic patterns and costs of GW in Italy. Treatment costs are in line with recent European estimates, whereas a wider use of office-based procedures instead of self-applied therapies was found.

PSK6

IMPACT OF PSORIASIS DISEASE ON ANNUAL TOTAL HEALTH CARE COSTS AND RESOURCE UTILIZATION AMONG MEDICAID RECIPIENTS

Dabbous O[1], Naim A[1], Chalissery G[2], Tang B[1], Rahman MI[1]

[1]Centocor, Inc, Horsham, PA, USA, [2]Hmetrix, Bala Cynwyd, PA, USA

OBJECTIVES: To assess the impact of psoriasis (PsO) on health care costs and resource utilization among Medicaid beneficiaries. **METHODS:** A retrospective analysis, using samples of the Medicaid Statistical Information System (MSIS) patients (pts) with a diagnosis (dx) of PsO (ICD-9 code 696.1) from January 1, 2003 through December 31, 2005 was conducted. The comparison group consisted of Medicaid patient population minus individuals with any immunological diseases. Health care resource utilization and costs were calculated. Multivariable analysis was conduct to test the impact of PsO on health care costs and utilization adjusting for age, gender, and comorbidities (Deyo-Charlson comorbidity index score). **RESULTS:** The cohort consisted of 8,551,343 pts, of which 6778 had a PsO dx. 60.4% of the pts were female and the mean age was 38 yrs. PsO pts had a higher rate of comorbidities than the controls (1.5 vs 0.41, $p < 0.0001$). Mean annual total health care costs for PsO pts were $5237, compared with $1323 ($p < 0.0001$) for controls. Inpatient, outpatient, and physician costs constituted over 45% of the total health care costs in the PsO cohort. Total health care visits were over 3.5 times higher for the PsO cohort compared to the controls (27.4 vs 7.6, $p < 0.0001$). Physician and outpatient visits constituted 82% of the resource utilization in the PsO cohort. After adjustment in the regression analysis, total health care costs were 63% more for pts with PsO than the controls and total health care visits were 42% more for pts with PsO than the control cohort. **CONCLUSION:** PsO pts have significant health care costs and resource consumption at a much higher rate than non-PsO pts among Medicaid recipients. New therapies may have the potential to decrease the disease burden for pts with PsO. Additional studies are needed to assess differences in quality of life and health outcomes related to specific treatments for pts with PsO.

PSK7

EVALUATION OF THE ASSOCIATION BETWEEN PSORIASIS SEVERITY AND HOSPITAL RESOURCE USE IN THE UNITED KINGDOM

Currie CJ[1], Conway P[2]

[1]Cardiff University, Cardiff, UK, [2]Wyeth Europa, Berkshire, UK

OBJECTIVES: Severe psoriasis can result in considerable decrease in quality of life, and this is likely to be reflected in an increase in costs. The purpose of this study was characterise resource use in those with psoriasis and determine if there exists an association between psoriasis severity and hospital resource use. **METHODS:** Psoriasis patients were identified at hospital clinic, and sent the HODaR survey which also included the Dermatology Life Quality Index (DLQI). The DLQI was used to classify severity. Data concerning each patients' hospital admissions and outpatient attendances were identified from the patient records, other resources such as GP attendances were self reported by survey. This data was collected over a number of years and an average yearly rate computed. **RESULTS:** There were 94 respondents to the survey. The mean time since diagnosis was 15.6 years and 50% were male. Treatment was reported as follows: topical cream 70.2%, acitretin 14.9%, no reported treatment 10.6%, methotrexate 2.1%, cyclosporine 1.1 and PUVA 1.1%. Retinoid treated patients were more likely to be male and topical cream treated subjects were more likely to be female. The mean number of GP consultations in the previous year was 2.79 per subject, hospital Admissions 2.22, and outpatients attendances 4.70. Resource use varied by disease severity. By DLQI score (<3, $3 < 6$, $6 < 10$, and ≥ 10, units respectively), subjects reported the following mean number of GP consultations in the previous year: 13, 20, 15, and 24, respectively ($p < 0.01$ [test for trend]). For outpatient attendances: 15, 16, 8, and 19, respectively ($p < 0.05$). For bed occupancy in the previous year: 19.8, 21.7, 17.5, and 58.7 days, respectively ($p < 0.01$). **CONCLUSION:** Patients with psoriasis managed in UK hospitals represent a considerable financial burden, and this burden increases with increasing disease severity. Measured should be taken to reduce the severity of psoriasis.